Name in Full: Simeon Francis Bowie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomonkey — County: Charles

Date of death 1904: Month: 3 — Day: 27 — Age: Years: 64 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: M. — Occupation: Farmer.

Name of Wife or Husband: Mary Clora Bowie

Father's Name: Zachariah Bowie — Father's Birthplace: Md.

Mother's Maiden Name: Jane Scott — Mother's Birthplace: Md.

Name of person giving information: Jane R Bowie — How related to deceased: Daughter

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebritis, Gastritis Pulmonary Complication — How long: 6 Months

Immediate: Pyemia, Asthenia Cardiac — How long: 3 months

Contributory factors:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. L. Hamon. M.D.

Address: Mason Springs Md.

Accident or Suicide?

LIBRARY BUREAU AR616

Name in Full: Alice Cofer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berry | County:

Date of death 1906: Month: 3 | Day: 7 | Age: Years: 1 | Months: 5 | Days:

Sex: Female | Color or Race: Black | Birthplace: Maryland

Occupation: | Where Residing if not at place of death:

~~Married, Single or Widowed~~ | ~~Name of Wife or Husband~~:

Father's Name: Hatten Cofer | Father's Birthplace: Md

Mother's Maiden Name: Matilda Pinkney | Mother's Birthplace: Md

Name of person giving Imformation: Matilda Cofer | How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Ileo-colitis | How long: One week

Immediate: Peritonitis | How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Odell Monroe

Address: Waldorf, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Ruinders County: Charles

Date of death: 1907 Month: March Day: 10 Age: 75~ Months: Days:

Sex: Male Color or Race: B Birthplace: Charles and

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Dont Know Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know Mother's Birthplace: Dont Know

Name of person giving Imformation: Robert P Warren How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis How long:

Immediate: " " How long: One Week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr in attendance

Address: Maximilian Clements Asst Regt

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Amelia Herbert

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Cleftons beach (County) Charles

Date of death 1904 (Month) March (Day) 17 (Years) Age 76 (Months) (Days)

Sex: Female Color or Race: White Birthplace: Charles Co

Occupation: Houswife Where Residing if not at place of death: Near Cleftons Beach

Married, Single or Widowed: Name of Wife or Husband: J L Herbert

Father's Name: Luther Murdoak Father's Birthplace:

Mother's Maiden Name: Laura Handy Mother's Birthplace:

Name of person giving Imformation: P W Kindrick How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ill confinement How long

Immediate: Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: no Dr in attendance at time of death

Address:

Accident or Suicide?

Coroner: Lucien Key, Maximillian Clements

LIBRARY BUREAU A88018

Name in Full: Ivan Lloyd Ivins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey — County: Charles

Date of death 1904: Month: Mch. — Day: 20 — Age: Years: 84 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: New Jersey

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Julia S. Fenton

Father's Name: David W. Ivins — Father's Birthplace: N. J.

Mother's Maiden Name: Ann Lloyd — Mother's Birthplace: N. J.

Name of person giving information: Wm. F. Henry — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: 1 Week

Immediate: Exhaustion from Age — How long: "

Are the name, age, sex, color, date and place correctly given above? - Yes -

Signature of Physician: J. W. Mitchell

Address: Pomonkey Md.

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88318

Name in Full: Delia King

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomonkey — County: Charles

Date of death 1904: Month: Mch. — Day: 31 — Age: Years: 92 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: - Md -

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: Columbus D. King

Father's Name: Richard Smith — Father's Birthplace: - Md -

Mother's Maiden Name: Phoeba Shinn — Mother's Birthplace: - Md -

Name of person giving information: O. B. King — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 3 months

Immediate: Exhaustion from age — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Mitchell M.D.

Address: Pomonkey Md.

Accident or Suicide?

LIBRARY BUREAU ARBIC

Name in Full: Hellen Marshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Waylick — County: Charles

Date of death 190 — Month: March — Day: 29 — Age — Years: 72 — Months — Days

Sex — Color or Race: Color — Birthplace: St Marys

Married, ~~Single~~ or ~~Widowed~~ — Occupation: House Wife

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Brain — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Subregister

Signature of Physician: William R Clark

Address: Newburg Charles Co Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Zue Mohaney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Newburg — County:

Date of death 190 4 — Month: March — Day: 28

Age — Years: 63 — Months: — Days:

Sex:

Color or Race:

Birthplace: Charles

Married, Single or Widowed: — — —

Occupation: Farmers Wife

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: Freed Mohaney

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumptoon

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H R Clark

Address: Newburg Charles Co Md

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: R. G. Oliver

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: La Plata; County: Charles

Date of death 190 4: Month: Mch; Day: 24

Age: Years: 52; Months: —; Days: —

Sex: ~~Female~~ Male; Color or Race: white; Birthplace: Charles Co

Married, Single or Widowed: married; Occupation: Carpenter

Name of Wife or Husband: Carrie Oliver

Father's Name: Nathaniel Oliver; Father's Birthplace: Chas. Co

Mother's Maiden Name: Rosella —; Mother's Birthplace: " "

Name of person giving Information: J. P. Oliver; How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe with Meningitis; How long: week or

Immediate: Heart failure; How long: 10 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: Thos. S. Owen

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Joe Posey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mardomenstin — County: Charles

Date of death 1904: Month: March — Day: 7 — Years: Age 67 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Married, ~~Single~~, ~~Widowed~~ — Occupation

Name of Wife ~~or Husband~~

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. H. Speake

Address: Graston

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

10.
6.50
16.50
9.50
7.
12.50
5.00
7.50

Name in Full: Ruth Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chicamuxen — County: Charles

Date of death: 1904 — Month: March — Day: 1 — Age: Years: — Months: — Days: One

Sex: Female — Color or Race: W — Birthplace: Charles Co

Occupation: — Where Residing if not at place of death: Chicamuxen

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James Price — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary Eliza Jordan — Mother's Birthplace: Charles Co

Name of person giving Imformation: Malinda Hart- — How related to deceased: mid wife none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: A Very Young — How long: 1 Day

Immediate: Died not Survive the — How long: Cause of Death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr in attendance

Address: Maximilian Clements

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Albert Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chapel Point — County: Charles

Date of death 1904: Month: March — Day: 17

Age: Years: — Months: 3 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Charles Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert Powell — Father's Birthplace: Charles Co.

Mother's Maiden Name: Mary Swann — Mother's Birthplace: Charles Co.

Name of person giving information: Albert Powell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup — How long: 2 Weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of [redacted]: Peter W. Roby. Sub-Registr

Address: Bel Alton

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Mrs Josie Richards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waldorf; County: Charles

Date of death 1904: Month: 8; Day: 3; Age: Years: 37; Months: ; Days:

Sex:

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: Jack Richards

Father's Name: —

Father's Birthplace: Md

Mother's Maiden Name: —

Mother's Birthplace: Md

Name of person giving information: Husband

How related to deceased: 40

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 12 months

Immediate: Internal Hemorrhage — How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: C. Bolton Brown, Md

Accident or Suicide?

LIBRARY BUREAU A59918

Name in Full: Richard Alfred Ruley

69

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near White Plains — County: Charles

Date of death 1904 — Month: March — Day: 5th — Age — Years: 85 — Months: 7 — Days:

Sex: male — Color or Race: white — Birthplace: Charles Co

Married, ~~Single~~ or ~~Widowed~~: married — Occupation: Farmer

Name of Wife or Husband: Mary Elizabeth Ruley

Father's Name: Theodore Ruley — Father's Birthplace: Chas Co

Mother's Maiden Name: Mary Smithson — Mother's Birthplace: —

Name of person giving In formation: Jno. A. Ruley — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: —

Immediate: old age — How long: 7 or 8 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos S Ourn

Address: La Plata Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Name in Full: Cecilia Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McConchie — County: Charles

Date of death 1904: Month: Mch — Day: 27th — Age: Years: 75 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace: Charles Co

Married, Single or Widowed: widow — Occupation: —

Name of ~~Widow~~ Husband: Joseph Scott

Father's Name: Joseph Lacey — Father's Birthplace: Chas. Co

Mother's Maiden Name: Cecilia Lacey — Mother's Birthplace: Chas. Co

Name of person giving Information: James T Scott — How related to deceased: Son

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Chronic~~ Bright's Disease — How long: several months

Immediate: Heart disease (Valvular) — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Brown M D

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Clara Short

70

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near La Plata — County: Charles

Date of death 1904: Month: March — Day: 3 — Age: Years: 24 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Chas Co

Married, Single or ~~Widowed~~: married — Occupation: Cook

Name of ~~Wife~~ or Husband: John Short

Father's Name: Edward Grayson — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Hawkins — Mother's Birthplace: Chas Co Md

Name of person giving information: Wesley Grayson Brother — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about 1 year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno T. Dayson MD

Address: Port Tobacco Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name In Full: Rebecca Short

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bradbet — County: Calvert

Date of death 1904: Month: 3 — Day: 6 — Age: Years: 29 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Farm work

Name of Wife or Husband: Henry Short

Father's Name: Richard Thomas — Father's Birthplace: Md

Mother's Maiden Name: Sarah Thomas — Mother's Birthplace: Md

Name of person giving In formation: Henry Short — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 12 mos

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Chappelear

Address: Bryhamville Md

Accident or Suicide?

LIBRARY BUREAU A883516

Name in Full: Cornelia M. Smith.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hill Top — County: Charles

Date of death 1904: Month: March — Day: 19 — Age: Years: 69 — Months — Days

Sex: Female — Color or Race: White — Birthplace: New York

Married, Single or Widowed: married. — Occupation

Name of Wife or Husband: Isaac N. Smith.

Father's Name: John Short. — Father's Birthplace: Oswego N.Y.

Mother's Maiden Name: Barber. — Mother's Birthplace: New York

Name of person giving information: Nella Smith — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe & Confirmities — How long: About 2 months

Immediate: & old age — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owen M.D.

Address: La Plata Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A&d516

Name in Full — Certificate of Death

Elizebath Smeedner

Died at — Town: Bel Alton — County: Charles — MARYLAND

Date 1904 — Month: Mar. — Day: 3 — Age: Y. 62 M. – D. – — Native of: Maryland — Occupation: Servant

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 4

~~Husband~~ Wife of Charles Smeedner

Father's Name: William Smann — Mother's Maiden Name: Nellie Brenner

Cause of Death — Primary: Cardiac Hyp. & Fatty degener — How long sick: 5 minutes

Immediate: Cardiac Failure

~~Accident, Suicide, Homicide~~

Reported by: E Spencer MD

Address: Bel Alton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899

Name in Full: Euphemia Waller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mason; County: Charles

Date of death 1904	Month	Day	Years	Months	Days
	3	7	Age		

Sex: F. Color of Race: C Birth-place:

Occupation: None Where Residing if not at place of death: Mason Spring Md

Married, Single or Widowed: W Name of Wife or Husband: George Waller

Father's Name: Not known Father's Birthplace: Virginia

Mother's Maiden Name: Not Known Mother's Birthplace: Virginia

Name of person giving Imformation: John H Butler How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility, atheroma, How long: For 3 Years

Immediate: Cardiac Complications & Failure How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jamel L Hamm MD

Address: Mason Spring Md.

Accident or Suicide?

LIBRARY BUREAU A88516

F. C. Diffenbach

Name in Full: Unnamed B Warren

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lock Lomond — County: Clt

Date of death	Month	Day	Years	Months	Days
1904	3	14	Age —		4

Sex: Male — Color or Race: Black — Birthplace: Clt Co Md

Occupation: none — Where Residing if not at place of death: Lock Lomond

Married, Single or Widowed: Single — Name of Wife or Husband: none

Father's Name: Harry Warren — Father's Birthplace: Clt Co Md

Mother's Maiden Name: Lucy Reuss — Mother's Birthplace: " "

Name of person giving Information: Morgan Warren — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born S. — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: None

Address: [redacted]

Accident or Suicide?

W H Brawner
Coroner

LIBRARY BUREAU AG0515

Respectfully
W. H. Brewer
Surv. Rep.

Name in Full: James Willett

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Newport — County: Charles County

Date of death 1904: Month: 3 — Day: 31

Age: Years: 71 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pr. Geo Co

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Susan Catherine Acton

Father's Name: Buck Willett — Father's Birthplace: Do not know

Mother's Maiden Name: Do not know — Mother's Birthplace: Do not know

Name of person giving information: Richard Willett — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe & Chronic Enteritis — How long

Immediate: Cardiac Asthenia — How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Selby M D

Address: Hookick Md

Accident or Suicide?

LIBRARY BUREAU A88516